



# the missing ingredients

Practice, policy and impact: food, health and homelessness in Scotland



**community  
food and health**

(scotland)

# Community Food and Health (Scotland)

Our overriding aim is to improve Scotland's food and health. We do this by supporting work within and with low-income communities that improves access to and take-up of a healthy diet.

Major obstacles being addressed by community-based initiatives are:

**Availability** increasing access to fruit and vegetables of an acceptable quality and cost

**Affordability** tackling not only the cost of shopping, but also getting to the shops

**Skills** improving confidence and skills in cooking and shopping

**Culture** overcoming ingrained habits

We help support low-income communities to:

- identify barriers to a healthy balanced diet.
- develop local responses to addressing these barriers.
- highlight where actions at other levels, or in other sectors are required.

We value the experience, understanding, skills and knowledge within Scotland's communities and their unique contribution to developing and delivering policy and practice at all levels.

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The Scottish Government is committed to ending homelessness by 2012. By this date the right to permanent accommodation will be extended to all people who find themselves homeless.

In 2006 CFHS launched a food, health and homelessness initiative. Supported by the Scottish Government's Health Department, its aim was to champion food as a powerful means of promoting the health, wellbeing and social inclusion of people who are homeless, and also to highlight how work around food and health can help the move from homelessness to permanent accommodation.

In 2008 CFHS commissioned Blake Stevenson to look at what, if anything, had changed in terms of food health and homelessness since 2006. Its findings are the basis of much of the material in this report.



“Our feelings around food are capable of engendering profoundly powerful messages about our relationship with ourselves and others we love. It is an important key to self-esteem. So when someone is robbed of the means to provide food for themselves and others in the way they want, it is not just their immediate physical health which is damaged, but their general sense of competence and autonomy.”

**Suzi Leather** *The Making of Modern Malnutrition*



“Food is something that most of us take for granted, often forgetting the major role it plays in our lives. Food not only provides us with sustenance – for many of us it’s also about enjoyment, including the social aspects of sharing meals with family and friends. Food impacts on the way we live and helps structure and enrich our lives.”

**Helen Bennewith** *Glasgow Addiction Service Scoping Exercise*

## Why food health and homelessness?

In 2006 CFHS's work expanded to include a focus on food, health and homelessness, following an increased recognition that people experiencing homelessness in Scotland are among the most excluded from accessing a healthy, nutritious diet. With incidences of malnutrition and poor diet-related health reported as among the highest in the country, the Food, Health and Homelessness Initiative began to work, together with all those concerned across practice and policy, towards addressing the barriers faced by homeless people in relation to food. It also worked to highlight the role food could play at many other levels to support people through and out of homelessness.

## Who is this report for?

This report will be of interest to you if:

- you are working with people who are homeless or at risk of finding themselves homeless; you may already work with people around food or may be thinking about doing it in the future.

The case studies in this report show some examples of best practice in the field. They also cover the impact people feel this work has had. We hope that you find some inspiration to try new approaches and find out more. We also hope that it will inspire you to evaluate the impact of what you do and use this to make the case for food to be a feature of future strategy and policy around homelessness in your area.

- you develop strategy and policy around homelessness in Scotland.

Our research suggests a need for greater co-ordination between those responsible for meeting the needs of individuals who are homeless or at risk of finding themselves homeless. Often the role that food can play in helping people move out of homelessness is rarely mentioned in policy documents. We hope that the material in the case studies and feedback from participants will strengthen the case for you to include this work in future strategy development in your area.

The **useful information** section at the end of the report provides contacts for you to follow-up on particular issues.

### Food, Health and Homelessness Programme of Work

CFHS's food, health and homelessness programme began in June 2006. It aimed to support and inspire organisations at grassroots levels to develop activities that recognised the wider benefits of food, and promoted health, wellbeing and independent living skills. A central objective was also to demonstrate to decision-makers that approaches that use food as a vehicle



for social inclusion should be widely promoted and supported at strategic levels, as they fit into national objectives on health and homelessness, health inequalities and social inclusion.

The two-year programme developed along three main themes:

- boosting communication and learning between organisations working on or interested in food, health and homelessness. This included a series of events across Scotland and a new publication, Food Matters, to keep people in the field up-to-date on what was happening.
- building the capacity of organisations to deliver effective food, health and homelessness activities. There was support for people to undertake the REHIS (Royal Environmental Health Institute for Scotland) elementary food and health course, a capacity-building fund to support work that organisations wanted to carry out on the ground, and support for the development of publications.
- sharing and promoting good practice in the delivery and/or planning of food, health and homelessness activities via a series of workshops, round table discussions, and study tours.

In all three strands we looked to make clear links between policy and practice.



## Headlines

The research conducted by Blake Stevenson found the following:

- The links between food health and homelessness are covered in less than half of the homelessness strategy documents produced by Local Authorities and Health Boards in Scotland.
- The responsibility for food health and homelessness work often falls between Local Authority strategies and those of Health Boards.
- Despite not being covered in strategy documents, all areas of Scotland, with just one exception, have work going on on the ground.
- Local Authorities, Health Boards, Community Health Partnerships are all involved in food health and homelessness work to differing degrees. The majority of the work on the ground is carried out by voluntary sector and faith-based organisations.
- Much food health and homelessness work relies on short-term project funding. Big Lottery and CFHS are important funders along with other charitable trusts and foundations.
- Most of the work is carried out by paid staff, with homeless people and other volunteers making a substantial contribution.
- There is no standard approach to evaluating the impact of this work. Responsibility sits with different people and agencies and methods used vary widely.
- Prevention is an important element in all homelessness strategies, but the link between food, health and prevention is not made.

## What's happening on the ground?

The activities undertaken by food, health and homelessness initiatives in Scotland today are extremely varied, wide-ranging and far-reaching.

The organisations and projects that CFHS has worked with since 2006 all recognise the wider social inclusion benefits of food and are committed to using food in a variety of creative ways that:

- improve the health and wellbeing of homeless people.
- support people to learn new skills, refresh existing ones and build up their confidence and self-esteem.
- support service-users to engage with services, other people and the wider community.
- aid and assist independent living and resettlement.
- contribute to building social inclusion.

The case studies included in this report provide more detail about the work of four particular organisations.

Work is taking place across the whole country. (Our research identified only one area of the country where there was no activity on the ground.) In most cases, FHH activities reflect the variety of local needs and the specific issues relating to homelessness in a given area. Tackling 'hidden' homelessness and food and health inequalities in rural Scotland is a feature of a project promoting social inclusion using food among elderly homeless men in the Western Isles. Also, a number of homelessness projects in the North East are working in partnership with FareShare to increase access to food for people experiencing homelessness in more isolated rural areas of Aberdeenshire and Moray.

Work has also developed in response to the varying nature of homelessness and the multiple challenges people face. Food is being used creatively to address the additional challenges people face, e.g. drug use, poor mental health, repeat offending.

It is also being used in different ways at different stages of the journey people make out of homelessness. A number of projects address the food-related health and wellbeing needs of young people in supported accommodation, who are preparing to move into and manage their own tenancies. Other initiatives work with families affected by domestic abuse who are at risk of homelessness and who want to learn about healthy eating, build up their confidence and self-esteem. Other projects, like homeless drop-in services, provide meals to people who may be staying in B&Bs or sleeping rough, while offering them opportunities to get involved in activities in the kitchen or behind the counter.



# What's in the strategies?

Food, health and homelessness work is covered in two main strategic documents in Scotland – Local Authority Homelessness Strategies and Health Board Health and Homelessness Action Plans.

- The vast majority of Local Authority Homelessness Strategies (28 of 32) cover the need to improve the general health of homeless people.
- Thirteen of these include activities designed to improve the diet of homeless people. Six of these strategies have been published since 2006.
- Eleven Homelessness Strategies have been updated since 2006 – six of these consider food, health and homelessness, five do not.
- All NHS Health Board Health and Homelessness Action Plans have action points on either improving the general health of homeless people or else identifying what their health needs are.
- Six of the 11 Health and Homelessness Action plans that were available contained specific action points on food, health and homelessness.

What came out of the research was that there is no clear fit between food, health and homelessness and Local Authority Homelessness Strategies or NHS Health Board Health and Homelessness Action Plans. All too often it appears that it is lost between the two documents – Local Authorities considering it to be part of the health remit and thus Health and Homelessness Action Plans and Health Boards considering food to be a homelessness service and thus located within Local Authority Homelessness Strategies.



The reasons people gave for food, health and homelessness work not making it into strategies include:

- other issues are seen as more important.
- healthy eating is not always seen as an important part of preventing and/or dealing with homelessness.
- there is no funding and/or staff to carry out activities.
- strategies do not cover details of specific activities.
- the impact of population size in the area and the related pressure on resources.
- people who write strategy do not always know what is happening on the ground.

It is not clear whose role it is to promote food work among homeless people. Local Authorities think it is part of the health remit and Health Boards think it is a Local Authority responsibility.

# case study From seed to plate

## Lomond Trust Oasis Project Gardening and Healthy Eating Project

The Oasis Project is a supported accommodation unit for young people in Kirkcaldy. In 2006 staff identified a need to build nutritional awareness and healthy eating skills among young people living in the project. Gardening was identified as a way of doing this and part of the unit's garden was converted into a vegetable-growing area. Staff member Keith Westie was key to getting the work up and running.

Young people were encouraged to join in a weekly gardening session, planting and growing vegetables. At the end of each session they prepared and ate a healthy light meal together. Combining growing and food preparation built awareness of the whole food process from 'seed to plate'. A tutor from Elmwood College provided an introductory course in gardening for the first seven weeks and young people worked in the garden outside of the formal sessions.

In 2007, this work expanded when young people from Oasis joined with others from Clued Up, a local drugs awareness project, to take cookery classes with the local Community Food and Development Worker. The Cook Club was designed to improve knowledge and awareness of how to prepare healthy meals including shopping and following recipes.



### Impact

#### Skills in growing and preparing healthy food

Young people reported learning:

- how to eat healthily.
- that healthy food can be tasty and affordable.
- how and where to buy healthy food.
- how to prepare healthy meals.
- how to build and maintain a garden.
- how easy it is to grow vegetables.

"I used to eat cheap food until I came here – the project has taught me what a proper meal is."

"Healthy food can be more expensive, but it depends where and what you buy."

"The project helped me to eat healthily."

#### Somewhere to let off steam

Project staff found that participants were calmer after gardening sessions. One young person said that she liked gardening because she, "could take her frustration out on it."

#### Being with others

One young woman has moved into her own flat – she described how, "...cooking for my pals helped me settle into my house."

Others described enjoying being with other people:

"I like eating in a room with people, because I don't like to cook for myself."

"I enjoy a family meal. It's what I'm used to."

### Funding

Lloyds TSB provided initial funding for garden equipment, including a shed and tools. CFHS funded further equipment and the college tutor fees. The Cook Club is funded by the Fife Community Food project – developed by Fife Council, NHS Fife and WECAN.



## Who is delivering food health and homelessness activities?

Voluntary and faith-based organisations carry out 78.5% of the work covered by our research.

Other main partners in food, health and homelessness activities are Local Authorities, NHS Boards, Community Health Partnerships, and Community Health and Care Partnerships.

Most of the work is carried out by existing staff. Some strategies talk about taking on new staff but this does not seem to have happened. Most of the work is done by paid staff. Volunteers are involved in 63.4% of the work. Homeless people are involved in 25% of the work.



# case study Imaginative partnerships

## Edinburgh Cyrenians: Good Food in Tackling Homelessness Programme

- **118 cooking classes**
- **9000 volunteer hours**  
80% of which are contributed by people who have issues with homelessness or other complex needs
- **467 tons of food**
- **27 companies**
- **contributing to 750,000 meals**

Edinburgh Cyrenians Good Food programme started in 2004. Edinburgh Cyrenians believes that good health and wellbeing are essential steps on the path away from homelessness. The programme delivers good food and offers trainee and volunteering opportunities. It is based on the premise that people who are nourished on their road to recovery by a combination of good, healthy food, meaningful occupation and care, can take their first steps as contributing members of the community. The programme is run from its dedicated Jane Street distribution warehouse which includes a purpose-built training kitchen and training room.

### What the programme does

- Redistributes good quality surplus food to around 40 homeless projects to increase the nutritional value of meals they provide. Surplus food from a wide range of wholesalers and retailers is redistributed to over 30 homelessness projects across Edinburgh and the Lothians. Around one-third of this food is fresh fruit and vegetables.

- Teaches basic cookery skills together with information on food safety, nutrition and budgeting as a way of supporting people to work towards an independent lifestyle. The Cooking at Home classes are aimed at people moving from supported accommodation to their own tenancy as well as those who have issues with addictions, mental health and repeat offending. Graduates from the classes all receive a certificate, a recipe booklet and a store cupboard pack. They can also join advanced or Italian cookery classes.
- Provides training and education around warehousing and logistics to allow people to move from being 'the helped' to 'the helper'. At present 70 individuals who have experienced homelessness are involved as trainees and volunteers. Volunteers and trainees are involved in warehouse roles such as sorting, storing, packing and delivering food supplies. Training is also provided and for some volunteers this leads to employment and further training opportunities. The programme's open-door policy, even towards those with serious criminal convictions, provides opportunities for those who are often furthest away from volunteering. Many volunteers will have additional challenges in their lives, with issues such as addiction, poor mental health and repeat offending.

- Shares information and good practice with others in the field via newsletters and an annual food conference.



### Impact

#### Healthy food and meal preparation

"I used to eat once a day – or just drank (alcohol). If it wasn't for Cyrenians, I would be dead."

"When I eat healthy food, I feel better, I feel motivated."

#### Being with other people

"When you cook food for everyone and they like it ... I feel really proud."

"Cooking my own food helps me keep busy at home."

"A lot of it is about getting away from negative influences and drugs. This is a very supportive environment."

## How is food health and homelessness work funded?

Much of this work depends on short-term funding that is often only available on a project basis. There are real difficulties finding sustainable sources of funding to allow organisations to continue to provide, or scale up, successful initiatives. Funds from CFHS, charitable trusts, foundations and the Big Lottery are important to organisations in the field.

Our research identified that within Local Authorities the work is mainly funded from money allocated to their Homelessness strategies. This is a mix of funds allocated by the Scottish Government through the Homelessness Strategy Implementation Fund and/or the Fairer Scotland Fund. This was the case in 11 Local Authority areas.

Within Health Boards there are few posts just for food, health and homelessness. Most staff have a wider role of improving health within disadvantaged communities. Their work on homelessness is often an 'add on' to their existing role.

In many areas support for food and homelessness work depends on the commitment of local champions.

Funding from CFHS, charitable trusts and foundations, Big Lottery, fundraising and donations is important.

## How is the impact of food, health and homelessness work measured?

### Evaluating the impact of work on the ground

All of the organisations that received funding from the CFHS capacity-building fund are committed to evaluating the impact of their work. The detail of this will be covered in a separate report. Organisations report being at different stages in the evaluation journey and CFHS is currently working with a range of organisations to build expertise in evaluating the impact of their work.

### Evaluating the impact of strategies

- Responsibility for evaluating homelessness strategies is spread between service providers, steering groups, stakeholder and partnership bodies within different local authorities.
- Responsibility for Health and Homeless Action Plans varies from Local Health partnerships, consultants and health and homelessness steering groups.
- Time frames for evaluation vary between different areas.
- Success indicators/targets vary between Local Authorities. More recent strategies provide more detail about how targets will be achieved and also state how targets fit in to wider objectives.
- Amongst NHS Boards action points were more general.
- Approaches to evaluation differ between different local authorities and NHS Health Boards. A collaborative approach involving both internal and external partners is key to some of the more recent strategies.
- Approaches developed since the introduction of Single Outcome Agreements take the Local Authority's wider strategic objectives into account.



# case study Making a long term impact on young people's lives

## Quarriers STAY Project

Food and healthy eating were part of the core remit of staff within the Quarriers Stay Project working with young homeless people aged 16-25 in East Renfrewshire.

They noticed that young people involved with the project were not eating particularly healthy diets and often also saw healthy food as too expensive for them to buy. Staff worked with young people to apply for funding for two sets of four-week professional cookery lessons.

The courses were provided by a professional catering company in another part of the city. Local community transport was used to transport them from one side of the city to the other. At the end of the course young people were given cookery packs and a recipe book based on meals they had prepared during the course. They also prepared a celebration lunch for family friends, project staff and funders that was a great success.

Six young people went on to complete a food hygiene course. One has gone on to college to take a food-related course. Another now works in a café.

### Impact

#### Knowledge of healthy food

"I learned a lot about healthy food."

"It made me eat vegetables – I was never a veg person."

"It made me realise how quick and easy it is to prepare a meal for myself."

#### You can eat healthily on a budget

"The course has helped me 'to make fresh meals and shop economically."

#### Confidence in cooking

"The course gave me confidence in how to follow recipes."

#### Additional benefits

##### Self-esteem/confidence

"The course broadened my horizons."

"The course gave me confidence in trying new things."

##### Cooking as therapy

Cooking "takes you away from everything else" and "destresses you".

##### Being with others

Social support "makes up for a lack of family support."

### Key lessons

- Get young people involved in the initial application for funding – this gave that 'winning feeling' when it was successful.
- Choose tutors who work well with young people. The chef who worked with these young people built a good rapport with them and made them feel at ease. He was "kind and supportive" and "made it fun and enjoyable".
- Be flexible. The first plan was to have the course in Barrhead using a mobile kitchen. When this did not work out it had to be moved to the other side of the City. In the end young people said they enjoyed travelling outside of their usual area to do the course.
- Celebrate. The celebration lunch was a great success and the young people enjoyed demonstrating their new skills.
- Incentives help. The fact that at the end of the course they received a cookery pack of things they would need for their kitchen – pots, knives, cutlery, utensils, and pantry items, encouraged young people to keep going along to sessions.
- Importance of follow up. Young people felt that the course could have been longer to cover more varied recipes and to provide more support in how and where to buy affordable healthy food. This is being followed up with young people as part of their individual support arrangements.
- The funding for the Quarriers STAY Project ended in December 2008 with an alternative service being delivered through East Renfrewshire Council.



# case study Removing the barriers to learning

## Dundee Women's Aid

The Independent Living Skills group was developed by Dundee Women's Aid. All the women involved were either homeless or at risk of homelessness. A partnership project, the first group ran for eight weeks in the kitchen of the Menzieshill Community centre which provided a safe space for women to relax, prepare and eat healthy food, enjoy each other's company and find out more about the kind of support they could access.

The first half of each session focused on learning about and preparing food for a meal shared by the women and their children. The second half of the session involved a guest speaker who provided useful information and advice to the women in the group. Topics covered included benefits, personal safety, and smoking cessation and were designed to introduce women to services and other courses they could access if and when they felt ready to do so.

At the end of each session, women were given recipes for the meals they had prepared and were encouraged to try making them at home. At the end of the eight weeks they were also given a set of basic cooking equipment to help them make meals.

All the women that started the course completed it. All the places on a second course have been booked in advance.

A partnership between Dundee Women's Aid and Dundee Healthy Living Initiative, co-ordinating services was crucial to making the sessions happen and removing any barriers to learning the women faced.

- Workers from Women's Aid gave a questionnaire to every woman involved in the refuge, follow-on and outreach service. Replies were used to design the weekly sessions. This meant that women were in control of their own learning.



- Given their experiences of domestic violence and other traumatic events, some of the participants felt unable to cope with coming to the sessions on their own and some were scared to leave the house. Workers from Women's Aid arranged to pick them up and provided encouragement and help with getting children ready. They also supported women during the sessions.
- Dundee Healthy Living Initiative provided tutors for the sessions. Learning was informal and directed by the group. Tutors avoided giving instructions and asking questions, instead allowing the group to work at its own pace and discuss and learn together. This helped to address low confidence levels and encouraged the women, many of whom were isolated, to 'come out of their shells'.
- The Community Centre provided the communal kitchen facilities and crèche facilities.
- Working for Families funded childcare costs.
- The NHS Health and Homelessness team, Job Centre Plus, Smoking Cessation and Community Safety were all involved in sessions.

## Impact

**Women involved in the sessions said that they were now:**

**more aware of the link between eating, physical and mental health**

Eating poorly leads to:

- “Putting on weight.”
- “High cholesterol.”
- “Bad moods.”
- “High blood pressure.”

Healthy eating:

- “Making homemade meals from scratch.”
- “Using raw ingredients.”
- “Eating oily fish.”
- “Not putting loads of salt on food.”
- “Having cake but in moderation and only every once in a while.”

**more confident and had new abilities with food**

“If there’s a recipe to follow and you know what you’re doing then it’s easier.”

“You don’t have to follow the recipe exactly – you can add other things.”

“I tried that recipe at home – it was really good.”

**enjoying the social benefits of cooking and eating together**

“It’s fun cooking in the kitchen together and the chat between everybody.”

“It’s the only time that we all sit down together like a family.”

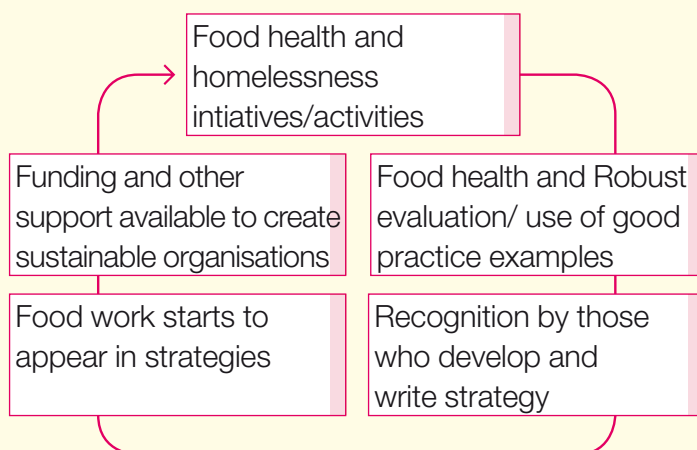


# Focus on the future Emerging developments/ opportunities

We know that food makes a difference to people's lives. The case studies show that this is particularly true for people who are homeless or at risk of homelessness. Work based on food can help to build resilience and protective factors that can mitigate against the risks of homelessness.

- Food is often the way of making a first contact.
- Having access to healthy food is key to good physical and mental health and particularly important when you are under stress.
- Growing food builds skills and provides meaningful occupation that can sometimes lead to paid work.
- Cooking classes develop new skills and knowledge of healthy eating. They also widen horizons, build confidence and self esteem
- Working and eating together builds social networks and a sense of belonging key to taking your place in wider society. It also provides an opportunity to build links to other services and information that may be crucial to the journey out of homelessness.

To make sure this work continues we need to create a virtuous circle around food work in the field. It could look something like this:



To achieve this there is a need to:

- encourage an overall approach in line with current policy that tries to find shared solutions to common problems.
- increase awareness of the role food can play in addressing and preventing homelessness and thus contributing to national outcomes and indicators.
- work with organisations to make it easier for them to make clear links between their work and national outcomes and indicators.
- build effective links between work that is happening on the ground and those who develop and write strategies.
- encourage local authorities and their community planning partners to invest in food health and homelessness work as mainstream activities that contribute to the prevention of homelessness and not as one-off projects.
- build good links between work in the homelessness field and wider work, building inclusion.

## New strategic context

The strategic context for food, health and homelessness is changing. The Scottish Government has set out its vision for a successful Scotland in a series of national outcomes and related national indicators. One of the national indicators is that:

“...all unintentionally homeless households will be entitled to settled accommodation by 2012.”

Effectiveness of local authority prevention activity and the provision of ongoing housing and wider support to help the most vulnerable stay in settled accommodation are highlighted as factors that will influence success in this area.

Food health and homelessness activities can clearly make an important contribution to this.

→ [www.scotland.gov.uk/About/scotPerforms](http://www.scotland.gov.uk/About/scotPerforms)

## Single Outcome Agreements

In November 2007, the Scottish Government set out its plans for a new relationship with local authorities. The concordat committed both to moving towards Single Outcome Agreements. These set out how each will work in the future towards improving national outcomes for the local people in a way that reflects local circumstances and priorities. Local authorities now have greater flexibility in terms of how they spend their budgets but at the same time are expected to take responsibility for the decisions they make and be answerable for them.

Health, housing and homelessness are likely to feature in Local Authority Single Outcome Agreements (SOAs).

→ [www.scotland.gov.uk/Topics/Government/local-government/SOA](http://www.scotland.gov.uk/Topics/Government/local-government/SOA)

## End of ring fencing

As a result of the move to Single Outcome Agreements and the new financial settlement with Local Authorities, the Scottish Government has reduced ring fencing of financial expenditure. In some areas there has been concern that there will no longer be a guaranteed funding stream for particular areas of work, e.g. supporting people; however this may provide an opportunity for work that to date has often fallen between areas of responsibility and/or struggled to be funded, such as food, health and homelessness.

## Local housing strategies

The Scottish Government wants to move away from separate local authority homelessness strategies. Local Housing Strategies will in future be the main strategic documents covering housing, homelessness and support issues. Different local authorities are working to different timescales and some will come on stream after 2012.

Health impact assessments will be a part of the development of Local Housing Strategies. As work gets underway on developing these strategies, there may be

an opportunity to raise the profile of work around food, health and homelessness.

## Prevention of homelessness guidance

The Scottish Government and CoSLA (Confederation of Scottish Local Authorities) will shortly issue guidance on the prevention of homelessness. This is likely to identify homelessness as a corporate responsibility with prevention a cross cutting issue calling for partnership and multidisciplinary working. Prevention work and tenancy sustainment will in future be seen as mainstream activities and not as one off project work. Tenancy sustainment, it is anticipated, will include among other areas the development of social networks, work on food and nutrition and employment services.

→ [www.homelessness@scotland.gsi.gov.uk](mailto:www.homelessness@scotland.gsi.gov.uk)

## Health and homelessness action plans

The health needs of homeless people are primarily covered as part of the broad goal of reducing health inequalities.

The Health and Homelessness Standards for NHS Boards 2005 established Health and Homelessness Action Plans as the main planning tool for NHS Boards health and homelessness activity. The standards call for the development of effective multi-agency partnerships to make sure that they are complementary to Local Homelessness Strategies and reflect common themes and priorities. The standards also state that:

“In considering health and wellbeing services NHS Boards should address the whole range of service provided. This will include primary and secondary care services covering both physical and mental health, the services of allied health professionals, and important services linked to wellbeing and the health improvement agenda such as health promotion, healthy eating, smoking cessation and physical activity.”

Standard 4 says that homeless people should have equitable access to the full range of health services.

→ [www.scotland.gov.uk/Publications/2005/03/20774/53761](http://www.scotland.gov.uk/Publications/2005/03/20774/53761)

### **New policy context**

Changes to strategy are reflected in the overall direction of current policy development. The focus is on finding shared solutions to common problems and a holistic and creative approach to complex issues.

Policy is moving all the time, but at the time of writing there is a series of opportunities for food, health and homelessness work.

**Equally Well** is one of three joint frameworks agreed between the Scottish Government and CoSLA (Confederation of Scottish Local Authorities). This report covers the joint approach to addressing health inequalities and as other frameworks, such as *Achieving Our Potential* (tackling poverty) and the *Early Years Framework*, is based on the principle of early intervention – moving from crisis management to early intervention and preventing and breaking cycles of poor outcomes. *Equally Well* speaks of challenging existing ways of thinking, doing different things and doing them differently – “improving the whole range of circumstances and environments that offer opportunities to improve people’s life circumstances and hence their health”. Key actions are in relation to early years, mental health and wellbeing, alcohol, drugs and violence and the big killer diseases all of which have clear links to work on food health and homelessness.

Community Health Partnerships (CHPs) are said to be critical to action at a whole local authority and smaller area level. Building links to local CHPs will be important in securing support for ongoing work.

→ [www.scotland.gov.uk/Publications/2008/12/10094101/0](http://www.scotland.gov.uk/Publications/2008/12/10094101/0)

**Better Health Better Care** published in 2008, sets out the Scottish Government’s programme of work for the next five years to achieve a Healthier Scotland. The first section of the document makes the case for a partnership approach to developing and delivering services, noting that, “there

is a need for a greater emphasis on joint working in order that NHS Scotland, Local Authorities and partners can deliver on what is undoubtedly a shared agenda”. It also states that: “By creating Scotland’s first ever Minister for Public Health and expanding the health and wellbeing portfolio to include key determinants of health – such as sport and physical activity, housing, homelessness, poverty, social and financial inclusion and regeneration – we have laid the groundwork for a more radical and inclusive approach to achieving shared objectives.” (p20)

There are specific action points in relation to preventing and tackling homelessness and ensuring that NHS Boards make progress on Health and Homelessness Standards.

→ [www.scotland.gov.uk/Publications/2008/01/29152311/0](http://www.scotland.gov.uk/Publications/2008/01/29152311/0)

**Healthy Eating, Active Living (HEAL)** sets out the actions the Scottish Government will be taking in the next three years to improve diet, increase physical activity and tackle obesity. A total of £56 million is available to support this work with just over half of this money being spent on improving the health of women of childbearing age, pregnant women and children under the age of five. Activity is targeted at those at greatest risk of health inequalities.

→ [www.scotland.gov.uk/Publications/2008/06/20155902/10](http://www.scotland.gov.uk/Publications/2008/06/20155902/10)

### **National food and drink policy**

During 2008, people across Scotland gave their views on what should form a successful national food and drink policy. Five different areas of work were set up from these responses and a national food and drink policy for Scotland is currently being finalised. Details of this are expected in summer 2009.

→ [www.scotland.gov.uk/Topics/Business-Industry/Food-Industry/Discussion](http://www.scotland.gov.uk/Topics/Business-Industry/Food-Industry/Discussion)

## Useful information

### Food, health and homelessness resources

#### Good Food Members Handbook

Edinburgh Cyrenians Good Food Programme  
84-86 Jane Street  
Edinburgh EH6 5HG

t: 0131 554 3900  
[www.cyrenians.org.uk](http://www.cyrenians.org.uk)

#### Cooking for One

Scottish Churches Housing Action  
28 Albany Street  
Edinburgh EH1 3QH

t: 0131 477 4556  
[www.churches-housing.org](http://www.churches-housing.org)

#### Sorted in the Kitchen

Aberdeen Foyer  
Marywell Centre  
Marywell Street  
Aberdeen AB11 6JF

t: 01224 212924  
[www.aberdeenfoyer.com](http://www.aberdeenfoyer.com)

## Useful organisations

### Royal Environmental Health Institute for Scotland (REHIS)

3 Manor Place,  
Edinburgh EH3 7DH

t: 0131 225 6999  
[www.rehis.org](http://www.rehis.org)

### Food Standards Agency (Scotland)

6th Floor  
St Magnus House,  
25 Guild Street,  
Aberdeen, AB11 6NJ

t: 01224 285100  
[www.food.gov.uk](http://www.food.gov.uk)  
[www.eatwell.gov.uk](http://www.eatwell.gov.uk)

### Scottish Council for Single Homeless

Wellgate House  
200 Cowgate  
Edinburgh EH1 1NQ

t: 0131 226 4382  
[www.scsch.org.uk](http://www.scsch.org.uk)

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## Thanks

We would like to thank all the individuals and organisations who have been involved in the food, health and homelessness programme of work. Their imagination, creativity and ingenuity has been central to the success of the programme and to the fact that in a two-year period activity has taken place across the whole of Scotland.

Thanks also to Blake Stevenson who provided consultancy support throughout the programme and produced the detailed final report Food, Health and Homelessness in Scotland – Mapping Practice, Progress and Impact on which much of the material in this publication is based.

The full report is available at  
[www.communityfoodandhealth.org.uk/imageuploads/cfhs-food-health-and-homelessness-in-Scotland-final-report.pdf](http://www.communityfoodandhealth.org.uk/imageuploads/cfhs-food-health-and-homelessness-in-Scotland-final-report.pdf)

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**community  
food and health**

(scotland)

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